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Registration Section

TO:

Division of Corporations
SUBJECT: VeriSecure LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mr. Gonzalo Marquez
(Name of Person)
Mobius Security Group LLC
(Firm/Company)
3471 N. Federal Highway, Suite 500
(Address) →
Ft. Lauderdale, Florida 33306
(City/State and Zip Code)
For further information concerning this matter, please call:
Mr. Gonzalo Marquez
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	· · · · · · · · · · · · · · · · · · ·
VeriSecure_LLC	
Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
inc maning address and savet address of the pri	neiph office of the Enfined Engointy Company is.
Principal Office Address:	Mailing Address:
8471 N. Federal Highway, Suite 500	3471 N. Federal Highway, Suite 500
Ft. Lauderdale, FL 33306	Ft. Lauderdale, FL 33306
	ASE SE
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register	
business entity with an active Florida registration.)	ned rigem. Too must designate an made right and mother
The name and the Florida street address of the re	printered agent are:
the name and the Florida street address of the re	gistered agent are.
Mr. Gonzalo Marquez	
Name	
3471 N. Federal Highway, S	Suite 500
	ress (P.Q. Box NQT acceptable)
	oss (1. cer non <u>red n</u> noropinose)
Ft. Lauderdale, FL 33306	FL
City, State, as	na Zip
Having been named as registered agent and to a	ccent service of process for the above stated limited

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
	•	
MGR	Mr. Kim Petersen	_
	3471 N. Federal Highway, Suite 500	
	Ft. Lauderdale, FL 33306	
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(Use attachment if necessary)	C w	
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CLE V: Effective date, if other than the	date of filing:	ONAL)
	e specific and cannot be more than five business	
		J - <u>J</u>
90 days after the date of filing.)		
90 days after the date of filing.)		
90 days after the date of filing.)		
O days after the date of filing.) REQUIRED SIGNATURE:		
,		
REQUIRED SIGNATURE:	D.J.	
REQUIRED SIGNATURE:	by a second	
REQUIRED SIGNATURE:	For an authorized representative of a member.	
REQUIRED SIGNATURE: Signature of a member		
Signature of a member of this document constitution.	tion 608:408(3), Florida Statutes, the execution littles an affirmation under the penalties of perjury	
REQUIRED SIGNATURE: Signature of a member (In accordance with sec	tion 608:408(3), Florida Statutes, the execution littles an affirmation under the penalties of perjury	

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Filing Fees:

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)